MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045164
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3203

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED NOV 16 1962

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: JEFFERSON BARRACKS MISSOURI
Length of stay in 1b: 6 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VETERANS ADMINISTRATION HOSPITAL
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: St Louis
c. CITY OR TOWN: ST. LOUIS (36)
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2627 TERRACE LANE
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First PATRICK Middle JOSEPH Last BRAZILL

4. DATE OF DEATH: Month NOVEMBER Day 1, Year 1962

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 3-8-96

9. AGE (last birthday): 66
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED MACHINIST

10b. KIND OF BUSINESS OR INDUSTRY: MACHINIST

11. BIRTHPLACE (City and state or country): DETROIT, MICHIGAN

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: WILLIAM BRAZILL

13b. MOTHER'S MAIDEN NAME: LILLIAN TASCOR

14. NAME OF HUSBAND OR WIFE: KATHERINE L. BRAZILL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT: KATHERINE L. BRAZILL (WIFE)
2627 TERRACE LANE, ST. LOUIS 36, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): PULMONARY EDEMA WITH BRONCHOPNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 2-7 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): MYOCARDIAL INSUFFICIENCY
DUE TO (c): ACUTE MYOCARDIAL INFARCTION — 2-7- DAYS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Pulmonary emboli with RLL infarction. Basilar artery occlusion with hindbrain encephalomalacia

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

V.A.

21. I attended the deceased from 10-26-62, to 11-1-62
Death occurred at 9:20 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John J. Mueller M.D.

22b. ADDRESS: VET ADM HOSP, JEFF BRKS, 25, MO.

22c. DATE SIGNED: 11-2-62

23a. BURIAL, CREMATION, REMOVAL (Specify): removal

23b. DATE: Nov 5, 1962

23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis Missouri

24. FUNERAL DIRECTOR ADDRESS: BUCHHOLZ MORTUARY-5967 W. Florissant Ave

25. DATE RECD. BY LOCAL REG.: 11-3-62

26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Wilfred A Buckholz

Licensed Embalmer No. 4551

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.